PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TC	TAL CLAIMS	•	17				1	RATE	FEE	i e sy	RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	/ /3 minus 20=		•	•		X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	്യ minus 3 =		•			X40=		OR	X80=		
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT					-135=		OR	+270=		
• if	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	<u>.</u>				TOTAL	<i>9.</i> -	
•	* If the difference in column 1 is less than zero, enter "0" in column 2							OTAL		OR	and a group to a	710	
	C	(Column 1)	MENDED - PART II (Column 2			(Column 3) SMALL EN			ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	OUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE	12/	RATE	ADDI- TIONAL FEE	
N N	Total	•	Minus	**	• •	=		X\$ 9=	. :	OR	X\$18=		
	Independent		Minus	***		<u> </u>	X40=		OR	X80=			
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM			135=	ada a ssaya i	ŌR	+270=		
								TOTAL			TOTAL	·	
(Column 1) (Column 2) (Column 3)							ADDIT, PEE						
_	STATE OF THE SECOND	(Column 1) CLAIMS			IEST	(Column 3).			ADDI-		-	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT	•	PREVI	IBER OUSLY FOR	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE	
Ş	Total	. 22	Minus	.* 0	20.	_ 2	,	(\$ 9=		OR	X\$18=	36	
AME	Independent	• 4	Minus	***	3	= /	;	X40=	÷ i jaytjari	OR	X80=	80	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		1	-135=		OR	+270=		
	P	BEST AVA	ILABLE	COF	7		<u> </u>	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	110	
•		(Column 1)		•	mn 2)	(Column 3)				•			
**AMENDMENT C		CLAIMS		HIGH	IEST		<u> </u>	i	ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	ŗ	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 22	Minus	** 2	22	=		(\$ 9=	and the company	OR	∌ X\$18=≍	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	Independent	• 4	Minus	***	4	=	 	X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎╠			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	-135=	·	OR	+270=		
**	If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE	is less tha	an 20, enter "20."	ĄDI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

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	_		09	1///	<u> </u>	150						
		CLAIMS AS	S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAI	
TOTAL CLAIMS								RATE	FEE]	RATE	FEE
FO	R		NUMBER FILED		NUMB	NUMBER EXTRA		ASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	min	us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			mir	nus 3 =	*			X42=	***	OR	X84=	-
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	
	CI	LAIMS AS A	AMENDED - PART II (Column 2) (Column 3)				;	SMALL ENTITY			OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 12	Minus	** 6	20	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 3	Minus	***	3			X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	7 g = 20	OR	+280=	
							-ΔΓ	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
1		(Column 1)		(Colu	mn 2)	(Column 3)	,,,		-	•		
ENTR		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 12	Minus	**	20	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 2	Minus	***	S TCLAIM			X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
BEST AVAILABLE COPY								TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₩ Q	Total	*	Minus	** .	-	=		X\$ 9=		OR	X\$18=	
WE!	Independent	*	Minus	***		-	İ	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			+140=		OR	+280=	
	* If the entry in column 1 is less than the intry in column 2, write "0" in column 3.									OR	TOTAL	
** If the entry in column 1 is less than the intry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "High st Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												